

REFERENCE: **ELECTRONIC MANUAL**
<http://apps.sd.gov/applications/ph01icds/ph01icdsnet/index.aspx>

- A. Nutrition Education
 - B. Dietary Assessment
 - C. Food Package Design
 - D. Staff Training
 - E. Counseling
 - F. Formulas
 - G. Local Agency Nutrition Education Plan/Materials
 - H. Anthropometric
 - I. Biochemical
 - J. Priority System/Nutrition Risk
 - K. Breastfeeding
 VENA Progress
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NUTRITION EDUCATION PLAN

GOAL: To improve the health and well-being of each participant through quality nutrition education and utilization of appropriate supplemental foods.

A. Direct Patient Services

Objective:

To make Nutrition staff counseling services available to all participants for follow-up nutrition counseling as defined by policy.

Implementation:

Each WIC client will have the opportunity to receive at least two nutrition education counseling sessions during a certification period. All clients will receive nutrition education during certification. Dietitians will be made available to counsel all high risk clients as defined by policy. Follow-up nutrition counseling will be done by nutrition educators or dietitians.

B. Individual Nutrition Education

Objective:

To encourage Local Agencies to appropriately individualize nutrition education for each participant based on his/her needs.

Implementation:

Local Agencies will receive 1) guidelines on and training to identify nutritional risk factors 2) training on nutrition counseling techniques 3) current nutrition information 4) recommendations on use of handouts during counseling.

Local Agencies will be encouraged to set up group nutrition education sessions for specialized groups as appropriate. All pregnant and breastfeeding women will receive information, encouragement and assistance to breastfeed, unless contraindicated for health reasons.

All women will be encouraged to know their HIV status. All women will be educated about the contraindication of Breastfeeding if HIV positive.

All women will receive substance abuse information.

C. Food Package Tailoring

Objective:

To tailor each participant's food package according to his/her individual need and to expand the kinds of medical nutritional products available to high risk clients.

Implementation:

The State Office will provide guidelines for tailoring food packages including tailoring for the homeless and migrants. Nutrition staff will conduct ongoing training for the Local Agencies in the use of these guidelines:

D. Local Agency Plans

Objective:

To have an appropriate yearly nutrition education and marketing plan developed for, and in consultation with, each Local Agency, to be implemented January 1 of each year, and to be evaluated and adjusted as necessary each year.

Implementation:

A Nutrition Education and Marketing Plan Committee consisting of State Office staff and Nutrition and Nursing staff representatives from each region of the state, will coordinate with the State Office to complete a statewide Nutrition Education and Marketing Plan each year. The Local Agencies will adapt the Statewide Plan based on their needs assessment.

The Statewide and Local Agency plans consist of goals, a joint strategy and action steps to accomplish the goals that will be developed based on statewide and local needs assessment using national, regional, state and local data, and data obtained through the annual participant survey. The Local Agencies review statewide and local needs assessment, goals and actions steps, and demographic information completed at their agency to develop their yearly Nutrition Education and Marketing Plan.

Local Agencies must develop a minimum of 3 goals including: Nutrition, Breastfeeding, and Marketing. Local Agencies may choose to use the statewide goals, or develop their own goals to meet specific Local Agency needs. Action steps are then chosen or adapted from state provided action steps, or Local Agencies can develop their own steps to assist in meeting selected goals. Local Agencies will then choose from topics based on local agency needs developed by State Office and the Nutrition and Marketing Committee, or develop topics and select corresponding supplemental educational materials to help meet the Local Agency's goals.

Local Agencies will complete their Nutrition Education and Marketing Plan Calendars and submit with the rest of the Nutrition Education and Marketing Plan to the State Office. The State Office will review plans and evaluations for approval. Each year goals and actions steps are evaluated for progress, and adjustments to goals and action steps can be made as needed.

E. Participant Evaluation of Nutrition Education

Objective:

To elicit and learn from participant's opinions of the quality of nutrition education received.

Implementation:

Local Agencies will administer a questionnaire developed by the State Office to randomly selected participants in each Local Agency yearly. Results will be shared with the appropriate Local Agency, Nutrition staff and State Office so that Nutrition education is the most appropriate and beneficial for participants.

F. Nutritional Monitoring

Objective:

To monitor each Local Agency's nutrition component and each Nutritionists' counseling/documentation annually.

Implementation:

Participant charts from each Local Agency will be evaluated biannually. All staff will have biannual reviews of certification, counseling and/or documentation. A State Office team will conduct an on-site management evaluation review of each Local Agency biannually.

G. Nutrition Policies

Objective:

To establish nutrition-related policies as needed.

Implementation:

As policy needs are identified, the State Office will develop and disseminate the appropriate policies to Local Agencies for inclusion in their policy and procedure manual.

H. Educational Materials

Objective:

To ensure that quality materials and resources are available for use by the Nutrition staff and Local Agencies.

1. Nutrition Education Materials Committee

a. Background

The Nutrition Services Program has a Nutrition Education Materials Committee. The purpose of the Committee is to ensure that accurate, high quality, and consistent materials are used throughout the state whenever Nutrition Services are provided by Health Department personnel. The South Dakota WIC Program only uses materials that have been reviewed and approved by this Committee. Other programs are also using this process for approval of materials, especially when joint program funds are used for purchasing of items, such as MCH and Health Education and Promotion.

b. Process

The Committee has representatives with varying degrees of experience and expertise. Most of the review work is done independently, meetings are held as needed. All materials are reviewed by at least two committee members and final approval is given by the total committee. The formal evaluation of print material consists of diverse criteria including accuracy, stereotyping, format and readability. Reading level is determined by the SMOG readability formula. The number of polysyllable words are counted and compared to a conversion chart to determine the grade level of the material. The Committee tries to obtain materials written at the 8th grade level or below.

The review of audiovisual materials continues. This formal review involves a similar process.

Staff statewide sends the committee materials for review. Topic areas where materials are needed are also identified.

Implementation:

Using information gathered from the participant surveys and evaluation of nutrition education and marketing plans and requests from the Local Agency staff or Nutritionists, the State Agency staff will determine the area where materials are needed and develop and/or provide as necessary. The Nutrition Education Materials Committee will continue to review the materials used for counseling and nutrition education of participants by the Local Agency competent professional authority and nutrition staff. An updated list of materials appropriate for nutrition education will be provided to Local Agencies and Nutrition staff.

The State Office will continue to offer technical assistance in providing appropriate and culturally sensitive nutrition education to the minority populations in South Dakota, including but not limited to Native Americans and Spanish speaking migrant populations. Indian WIC agencies, State WIC Programs and Migrant/Immigration Agencies who are effectively reaching out to these populations will be contacted for updating our current knowledge and materials.

I. Substance Abuse

Objective:

To establish criteria on substance abuse information and referral.

1. Certification

- a. Women may be certified for WIC based upon their use of substance abuse during pregnancy or as a post-partum woman. Substance abuse includes the following:

1.) Alcohol and Illegal Drug Use (372) – Pregnant, Breastfeeding, and Postpartum Women

For Pregnant Women as self reported by applicant/participant/caregiver:

- Any alcohol use
- Any illegal drug use

For Breastfeeding* and Postpartum Women as self reported by applicant/participant/caregiver:

- Current use of ≥ 2 drinks per day on 4 or more days per week. A serving or standard sized drink is: 1 can of beer (12 fluid oz.); 5 oz. Wine; and 1 ½ fluid ounces liquor (1 jigger gin, rum, vodka, whiskey (86-proof), vermouth, cordials or liqueurs), or
- Binge Drinking, i.e., drinks 5 or more (≥ 5) drinks on the same occasion on at least one day in the past 30 days; or
- Heavy Drinking, i.e., drinks 5 or more (≥ 5) drinks on the same occasion on five or more days in the previous 30 days; or
- Any illegal drug use

*Breastfeeding is contraindicated for women with these conditions.

2.) Smoking, Maternal (371) – Pregnant, Breastfeeding and Postpartum Women [\(by October 2008\)](#)

Any daily smoking of tobacco products, i.e., cigarettes, pipes, or cigars. Does not include smokeless tobacco.

- b. Other associated health risks includes the following:

1.) Fetal Alcohol Syndrome (382) – Infants and Children

Fetal Alcohol Syndrome (FAS) is based on the presence of retarded growth, a pattern of facial abnormalities, and abnormalities of the central nervous system, including mental retardation.

Presence of FAS diagnosed by a physician as self reported by applicant/participant/caregiver.

2. Nutrition Education

- a. Nutrition goals are established and a care plan developed with the participant after discussing participant's needs, ability and willingness to implement suggestions in an attempt to improve the nutrition risk condition and behavior modifications.
 - b. Nutrition staff provides nutrition counseling to high-risk women with follow-up as deemed necessary. Counseling is limited to behavioral issues and suggestions. Guidelines are provided to staff for counseling women according to the nutritional risk exhibited as to the dangers of alcohol, drugs and tobacco use to their unborn baby or future baby.
- 3. Information and Referral
 - a. Health Professionals refer participants to drug and alcohol professionals for in-depth counseling and other resources/services when available. However, counseling services and treatment services are limited in the state at this time. All women are given information/materials on drug abuse.
 - b. Any form of child abuse including prenatal exposure to abusive use of alcohol (Fetal alcohol syndrome, FAS), or any controlled drug or substance not lawfully prescribed by a practitioner is reportable. Nursing Staff are required by South Dakota Law 26-8A.3 to report child abuse or neglected child.
 - c. The Tobacco program has been moved to the Department of Health. The Department is in the process of reviewing materials and services that are available to educate the public about the problems surrounding use of tobacco, which would include during pregnancy, breastfeeding and the effects of second hand smoke on members of a household where tobacco is used.

VENA Progress Report 2008

Implementation:

- VENA training was completed for all staff in September 2007 including, cultural competency, customer service, building rapport, positive health outcomes, policy and forms training.
- VENA Nutrition and Health Assessment forms and policies were implemented in October 1, 2007.

Evaluation:

- Effectiveness of VENA assessment process is evaluated at all Management Evaluations through chart reviews, Local Agency visits and during observations.
- The VENA Committee made up of Local Agency nurses and dietitians and State staff continues to be active to evaluate and assess the effectiveness of the new VENA Nutrition and Health Assessment forms considering staff and participant responses.
 - Currently VENA Committee is making small changes to the VENA assessment forms to improve information gathered from participants.

Timeline for form update:

- Committee began working on updating forms in April 2007. Goal for completed update implementation by October 1, 2008.
 - Piloting or reviewing updated forms July-August 2008.
 - Finalize forms by August/September 2007 and send to printer.
 - Fully implement updated Nutrition and Health Assessment forms by October 1, 2008.
- Conducted training needs assessment in February 2008 to determine training area of needs including VENA based policy and procedures for July training.

Training and Supporting Activities:

- WIC All Staff Training in July 2008 will include sessions to supplement VENA philosophy of counseling and working with participants. Policy update including VENA Nutrition and Health Assessment form usage, and goal setting will be part of a Health Professional session.
- Bi-monthly WIC Talks document is used to address questions with VENA policies and forms brought up by staff or observed through Management Evaluations, along with State staff technical support.
- The Nutrition Staff Update scheduled for October 2008 will include time for discussion/ and or training on VENA policies, counseling methods, and philosophy.
- Nutrition Education and Marketing Plan committee will discuss nutrition education and counseling tools and materials needs in June 2007 to support VENA implementation. Materials and tools will be created by committee based on determinations.